



RECEIVED

NOV 29 2000

TECH CENTER 1600/2900

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s):) Title: TEST KIT FOR
Flohé et al.) TUBERCULOSIS DIAGNOSIS BY
Serial No: 09/362,485) DETERMINING ALANINE
Filed: July 28, 1999) DEHYDROGENASE
) Group Art Unit: 1655
) Examiner: D. Johannsen

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Commissioner for Patents
Washington, D.C. 20231

Sir:

Applicant(s) hereby petition(s) pursuant to 37 CFR 1.136(a) for a one month extension of time.

CERTIFICATE OF MAILING (37 CFR 1.8)

I hereby certify that this paper and the documents referred to as enclosed therewith are being deposited with the United States Postal Service as first class mail, postage prepaid, on **November 17, 2000**, in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231.

11/22/2000 JADD01 00000023 09362485

01 FC:215

55.00 OP

Li Hsien Rin Laures

Li-Hsien Rin-Laures, M.D.

1. **Small Entity Status**

- ☐ Verified statement(s) claiming small entity status is(are) attached.
- ☒ Small entity status has been established and is still effective.
- ☐ Has not been established.

2. **Extension of Time**

- ☒ This is a petition for an extension of time under 37 CFR 1.136 for the total number of months checked below:

| EXTENSION (Months) | FEE FOR LARGE ENTITY | | FEE FOR SMALL ENTITY | |
|-----------------------|----------------------|------------|----------------------|----------|
| One Month | | \$110.00 | x | \$55.00 |
| Two Months | | \$390.00 | | \$195.00 |
| Three Months | | \$890.00 | | \$445.00 |
| Four Months | | \$1,390.00 | | \$695.00 |
| Five Months | | \$1,890.00 | | \$945.00 |

If an additional Extension of Time is required, please consider this a petition therefor.

Extension Fee: \$55.00

- ☐ An extension for _____ month(s) has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Deduction: \$

Extension Fee Due With This Request: \$55.00

3. **Method of Payment of Fees**

- ☒ Attached is a check in the amount of \$55.00
- ☐ Charge Deposit Account No. 13-2855 in the amount of: \$ _____
A copy of this Petition is enclosed.

4. **Deposit Account and Refund Authorization**

The Commissioner is hereby authorized to charge any deficiency in the amount enclosed or any additional fees which may be required during the pendency of this application under 37 CFR 1.16 or 37 CFR 1.17 to Deposit Account No. 13-2855. A copy of this Petition is enclosed.

Please refund any overpayment to Marshall, O'Toole, Gerstein, Murray & Borun at the address below.

Respectfully submitted,

MARSHALL, O'TOOLE, GERSTEIN,
MURRAY & BORUN
6300 Sears Tower
233 South Wacker Drive
Chicago, Illinois 60606-6402
(312) 474-6300

By:



Li-Hsien Rin-Laures, M.D.
Reg. No: 33,547

November 17, 2000